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# Contents for April, 1916

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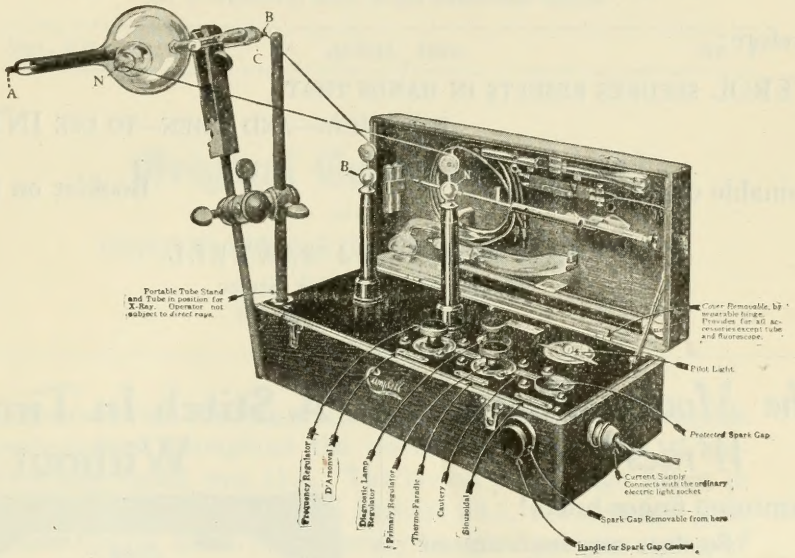


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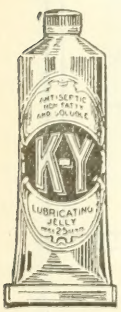


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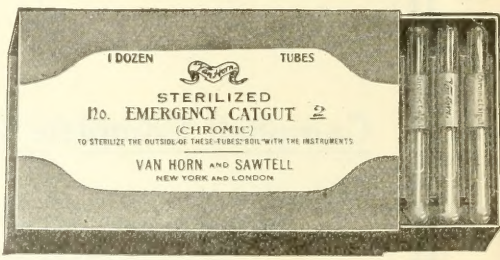


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NASHVILLE JOURNAL
—OF—
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CHARLES S. BRIGGS, A.M., M.D., Editor.
W. T. BRIGGS, B.A., M.D., Associate Editor.

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# Original Communications

## PERFORATIONS IN TYPHOID FEVER.*

BY W. T. BRIGGS, M.D.,
Nashville, Tenn.

*Postmortem Findings*—In 6,819 autopsis held by various pathologists throughout the world, the percentage of perforations found was 13.4. The lowest percentage found in any one series was 5.7, the highest 29.5, the average 13.4. These figures mean that of every hundred persons dying of typhoid, about eight die from the effects of perforations if not from the shock of the perforation itself.

In 34,916 clinical cases the reports show that the average number of perforations noted was about 3.1 per cent.

The frequency of perforations varies from year to year. They occur oftener in the male sex, even when allowance is made for the greater incidence of this disease among males. The third decade is the commonest age and the third week the usual time. However, these facts really help us but little, except from an academic standpoint, since perforation may occur in the first or tenth week or even later; they may

*Read before Nashville Medical Symposium, February 3, 1916.

occur at any age and in either sex. Children, and those past fifty, escape this complication oftener than others.

In 605 cases the sites of perforation were as follows:

| | |
|---|---|
| Ileum | 506 |
| Sigmoid flexure | 57 |
| Appendix | 32 |
| Meckel's diverticulum | 4 |
| Jejunum | 4 |
| Cecum | 1 |
| Rectum | 1 |

The perforations in the ileum are usually close to the ileocecal valve. Usually there is only one perforation, but there may be more, as many as twenty-five having been found.

*Symptoms*—If the patient is extremely toxæmic there may be no immediate symptoms and the first evidence of a perforation may be the resulting peritonitis. Since the bath treatment usually helps keep the mind clear, it should be used in all typhoid cases were this its only advantage, and such we know is not the case. That baths are a cause of perforations, as maintained by some, has never been proven.

Providing the mental condition is clear, the first symptom in most cases is sudden, sharp, severe abdominal pain. This pain, after the first onset, usually becomes paroxysmal. It may be confined to the abdomen, especially the umbilical or right iliac regions, or in males it may be reflected to the penis. Along with this pain there may be irritability of the bladder, as manifested by frequent micturition. There may be nausea and vomiting, chills and sweats and a marked change in the faces, but these symptoms are not constant by any means. The temperature, pulse, and respiration may show no immediate change. If there is any change in the pulse and respiration it is apt to be an acceleration, and if there is any change in the temperature it is usually a slight rise followed in an hour or so by a fall.

The leucopenia, which has been present may change to a leucocytosis, and the latter may continue to rise from hour to hour, or it may increase at first and then show a rapid

decline. In some cases there is absolutely no change in the blood picture.

The blood pressure often increases synchronously with the perforation and in a few cases this rise has preceded all the other signs of perforation. At present this is one of the best means of differentiation between hemorrhage and perforation.

Of the above signs and symptoms, pain is the most constant, and even pain of a severe character is often absent because of the dull mental condition.

A careful examination of the abdomen is perhaps the best aid to correct diagnosis after all. By this examination we may be led to suspect perforation because of rigidity of the muscles, increasing distention, tenderness, localized muscle spasms, changes in the respiratory movements or loss or diminution of the area of hepatic dulness. To my mind the loss of the area of hepatic dulness is the most important of these signs, and it is the only one distinctive of a perforation, since the rigidity, localized muscle spasm, change in the respiratory movements may be caused by an appendicitis or complicating cholecystitis while the increasing distention is likely to point to a peritonitis, though of course the distention may be present even before perforation. Even the loss of the area of hepatic dulness is not always present, since perforations through portions of the intestinal walls not covered by peritoneum will not allow the gas to escape into the cavity, nor will gas escape into the general cavity if the perforation occurs in a section of intestine which is walled off by adhesions. Furthermore, the liver may be greatly atrophied or displaced, thereby allowing room for the transverse colon to slip between the ribs and liver. That distention of the transverse colon will cause the area of hepatic dulness to disappear, as maintained by many, seems unreasonable, since the space between the diaphragm and the superior surface of the liver is relatively small, and even granting that the transverse colon slips into this space while in a perfectly flaccid condition,

and later begins to distend, it would push itself out into the free cavity by its own distention. Even if all the intestines were greatly distended thereby, tending to lift the abdominal wall and the diaphragm from the liver, the latter organ would still keep close to the diaphragm because of the vacuum which helps hold it in position. The importance of the sign of the loss of the area of hepatic dulness in perforations of the intestines was stressed many years ago by Flint, and I believe it is as valuable today as at that time, and it is a sign we all should thoroughly try in every case where perforation is suspected.

*Prognosis*—It is unnecessary to say that the prognosis is extremely grave, but its gravity is modified by the general condition of the patient, the presence or absence of other complications and the delay or rapidity of the diagnosis and treatment.

*Treatment*—The treatment is prophylactic and operative. The prophylactic treatment consists in handling all typhoid patients until they have absolutely passed beyond the danger of perforation, as if perforation were imminent. Therefore the diet should be simple and the resumption of the usual work should be gradual, and all violent exercise should be interdicted until health is fully restored. To open the abdomen and use omental grafts over the thinned areas of the intestine when perforation seems imminent, as advocated by Solieri in Langenbeck's archives, would be radical prophylaxis to say the least, especially since it is hard enough to diagnose perforation, to say nothing of *imminent* perforation. Mikulitz, in 1884, performed the first operation for typhoid perforation. Since that time the operative treatment has come more and more into vogue until today it is the treatment in all cases except those who are practically moribund at the time of perforation. Unfortunately, many are in this condition when perforation occurs.

If operation offers any hope it should be done as soon after the perforation as possible. Morphine should be given to quiet peristalsis, a local anesthetic should be used in the

line of incision and the tissues infiltrated with this solution as encountered. For obvious reasons the incision should be median, and should be free enough to allow easy manipulation of the intestines. As the ileum is usually involved it should be examined first, then the sigmoid. Perforations should be closed with as few stitches as security demands, and areas where perforation seems likely to occur should be turned in. If there are several perforations close together it may be necessary to resect, but if the condition of the patient is desperate, the bowel should be brought into the wound and sutured there. Any foreign matter present should be removed by sponging, and the cavity should be drained with a tubular drain. After the operation the patient should be put in Fowler's position and the Murphy drip instituted.

# THE PHYSICIAN IN INDUSTRY.

BY MAGNUS W. ALEXANDER.

In the early history of medical work in industry, the regular employment of a physician in an industrial establishment was usually considered an evidence of a largely benevolent attitude on the part of the employer. Whether or not this assumption was true, the results showed that the work of the physician in industry proved beneficial to the employer as well as to the employe, by protecting both against undue expense arising out of injury and sickness and by promoting a better mutual relationship. The results also proved that medical supervision of employes increased their efficiency, and that prompt medical and surgical treatment of injured and sick employes prolonged their lives and the period of their industrial usefulness. As these advantages became known among employers, medical supervision of employes was introduced into many plants, particularly into establishments where large numbers of workmen were employed.

The great value of the physician in industry became even more generally realized when workmen's compensation laws went into effect, which compelled the employer to shoulder the expense of injuries to employes regardless of the fault of either party. These laws forced the employer, in self-defense, not only to provide adequate medical and surgical treatment for employes injured in his establishment, but also to exert all reasonable effort for the prevention of future accidental injuries and for the elimination of working conditions that might prove harmful to the health of his employes. Experience, however, had shown that physique, temperament and general physical condition of employes affected to a large extent their liability to sicknness or injury. Some men could safely do work that constantly required considerable physical effort, while the same work would cause discomfort and strain to other apparently strong men. Employes with defective vision would suffer

headache while doing work that required close application of their eyesight, while others with normal vision would naturally have no such trouble when similarly engaged. Contact with certain odors or liquids used in manufacturing processes would cause skin irritation or other disturbances to one person, while hundreds of others working under exactly the same conditions would be entirely unaffected.

These experiences naturally led the employer toward a study of the physical condition of his employes, in order to direct each of them into that kind of employment for which he would seem best suited by virtue of his physical fitness as well as his experience and skill; and *vice versa*, to divert him for an employment that might prove injurious to his health and safety. In order to pursue this course intelligently, physical examination of all prospective employes and periodical re-examination of all persons already employed became necessary. It is obvious that only a competent physician should be assigned to this task.

Aside from looking after the health of individual employes, the physician in industry also renders a valuable service by bringing to light those general conditions of employment that may adversely affect the health and comfort of all workmen in common. Many of these conditions would otherwise remain concealed and unremedied because their ill effects are of such gradual development that the lay executive or employe might not be able to detect their presence nor locate their source. By his co-operation with the employer and foremen in securing wholesome ventilation and proper lighting conditions, and by inducing employes, by personal advice or through suitable literature, to adopt healthful habits in the shop and home, the physician brings into play simple, far-reaching measures that tend to raise the health and therefore the efficiency standard of the entire working force.

### THE TRAINING OF FIRST-AID MEN.

The physician also finds specific functions to perform, such as the training of an adequate number of persons in

each employment, so that they can themselves as laymen effectively treat slight wounds that do not demand a physician's service, or give temporary assistance in cases of serious injuries that need emergency attention pending a physicians arrival. The presence of such a body of first aid men is so much the more important when the industrial establishment is located at a considerable distance from the physicians office or dispensary, or when injuries occur when a physician is not immediately available.

With these many advantages in mind it is obvious that the physician has come into industry to stay. In a large plant he becomes part of the organization and devotes his entire time and effort to the welfare of its employes, while in smaller plants or in those where the work is practically free from hazard, he spends only a part of the day in the medical care of employes, or he combines a number of such plants under his medical supervision. Apart from the medical aspect, however, enlightened employers are beginning to see quite clearly the value of a physician as a staff member. They have learned to appreciate that his peculiar relationship to employes as a friendly medical advisor enables him to exert a wholesome influence upon their mental attitude as well as upon their physical welfare. It should therefore not be surprising to find in future physicians regularly attached to the organization of even small plants, where the medical supervision of employes alone would not be a task large enough to warrant the full time employment of a medical expert, but where his spare time may be used effectively in assisting the management in the general supervision of employes.

## SPECIAL TASKS AND PROBLEMS.

The physician in industrial practice encounters a great many tasks and problems that do not arise ordinarily in private practice. He often finds himself dealing with a great number of people whose needs must be met promptly, effectively, and with a minimum expenditure of time. Many of these are unfamiliar with the English language and are

unable to make their needs and wishes understood or to understand the inquiries and directions of the physician who speaks English only; others are mentally backward and difficult to deal with on that account. Some are unclean and careless in their personal habits, thereby causing their wounds or ailments to improve only very slowly even under the best of care, while others have a generally antagonistic attitude. Some are even dishonest and try to conceal or falsify the real cause of an injury; they would rather feign inability to work and secure part pay while loafing, than perform honest work and gain full wages. Moreover, there are those who themselves believe or by some doctors are led to believe, that they are seriously injured and incapacitated for work when they are not. Yet the physician in industry must patiently and persistently cope with all these conditions in his indeavor to cure these people of their physical ailments and to disabuse them of their mental illusions.

The question of where the physician in industry should terminate his care of injured or sick employes and at what point an employe's private physician should assume such responsibility, is another problem that must be solved in a satisfactory way. What duties to delegate or not to delegate to the nurse employed in the establishment under his supervision; what instructions to give and what materials to furnish to laymen authorized to render first aid or emergency treatment to injured employes throughout the plant; how best to render some industrial operations free from the hazard of occupational disease, or how to protect workmen against such hazards if they can not be eliminated, are questions that he is called on to answer in an intelligent and practical manner.

In the solution of these and similar problems the physician in industry often finds himself in a quandary. Previous training and experience had made no specific provision for their solution; in fact, many of these problems have but recently become recognized. In most cases the physician in industry has been obliged to find an answer to each problem

practically alone and as best he could. Sometimes he has hit on a method that was only partially satisfactory; sometimes he has achieved results that were all that could be desired, while at other times he has failed in his aim. Occasionally, through a comparison of conditions and an interchange of experiences, physicians connected with industrial enterprises would reach common conclusions that would point to simple and practical remedies. The value of such informal conferences naturally led to a desire for a more systematic interchange of ideas extended over a larger group of physicians with medical problems in industry.

### THE CONFERENCE BOARD OF PHYSICIANS.

A preliminary meeting of physicians engaged in industrial practice held in New York City on April 4, 1914, indicated that their varied knowledge and experience could be so combined and harmonized as to afford composite and definite conclusions that would be valuable to themselves and to the industries they represent. It was also felt that the findings could advantageously be made available to all physicians in industry to the end that employers and employes generally might reap benefit therefrom. The concrete outcome of this meeting was the organization of a "*Conference Board of Physicians in Industrial Practice*," the scope and work of which is embodied in the official declaration that

"The Conference Board of Physicians in Industrial Practice is organized for co-operative effort in introducing into industrial establishments the most effective measures for the treatment of injuries or ailments of employes; for promoting sanitary conditions in workshops; and for prevention of industrial diseases."

In launching this movement, the Conference Board on Safety and Sanitation* has been a helpful factor, and the

*The Conference Board on Safety and Sanitation is composed of national associations of employers, such as the National Founders' Association, the National Association of Manufacturers, the National Metal Trades Association, and the National Electric Light Association, who have pooled their efforts for industrial safety and sanitation.

two conference boards have since been working in close, harmonious relationship; that of business executives looking for professional advice in safeguarding the health of employes, and that of physicians offering medical judgment as the result of combined study and experience.

It was thought desirable to bring together at first only a relatively small number of medical officers of corporations, so as to facilitate their work and give their discussions a more intimate character. In order to insure regular attendance at the meetings, only corporations in the eastern section of the country were asked to join the conference board through their respective medical officers, but industrial representation was diversified as far as practicable. The physicians now constituting the board are all men of wide experience in their respective fields, who have gained a thorough understanding of the requirements of industry from the humane viewpoint and of the physical ability of men and women generally to meet these requirements. They are also familiar with the personal habits and the living and working conditions of people engaged in industry, and are therefore particularly competent to handle medical problems in industry.

Dr. John J. Moorhead, of New York City, the chief medical officer of the Interborough Rapid Transit Company and the New York Railways Company, is chairman of the conference board, and M. W. Alexander, of the General Electric Company, West Lynn, Mass., is the executive secretary. The present members of the board are: Dr. D. John Bowes, Philadelphia Electric Co., Philadelphia Electric Company, Philadelphia, Pa.; Dr. C. C. Burlingame, Cheney Bros., South Manchester, Conn.; Dr. W. Irving Clark, Norton Company, Worcester, Mass.; Dr. Royal S. Copeland, Consolidated Gas Company, New York City; Dr. G. M. Dorrance, Joseph Campbell Company, Camden, N. J.; Dr. E. H. Hanna Cadillac Motor Car Company, Detroit, Mich.; Dr. G. L. Howe, Eastman Kodak Company, Rochester, N. Y.; Dr. W. G. Hudson, E. I. DuPont DeNemours Powder Com-

pany, Wilmington, Del.; Dr. J. A. Jackson, New York Edison Co., New York City; Dr. Chas. A. Lauffer, Westinghouse Electric & Manufacturing Co., East Pittsburg, Pa.; Dr. Frederick W. Loughran, Medical Advisor, State Insurance Fund, New York City; Dr. D. B. Lowe, B. F. Goodrich Company, Akron, Ohio; Dr. John W. Luther, The New Jersey Zinc Co., New York City; Dr. A. C. Marshall, Powers-Weightman-Rosengarten Co., Philadelphia, Pa.; Dr. J. D. McGowan, Commonwealth Edison Company, Chicago, Ill.; Dr. John J. Moorhead, Interborrough Rapid Transit Company, and New York Railways Co., New York City; Dr. Francis D. Patterson, Harrison Bros. & Co., Inc., The J. G. Brill Company, Electric Storage Battery Company, Philadelphia, Pa.; Dr. W. E. Ramsay, The American Smelting & Refining Co., Raritan Copper Works, Barbour Asphalt Paving Co., Perth Amboy, N. J.; Dr. L. M. Ryan, Hudson & Manhattan R. R. Co., The Foundation Co. of N. Y., New York City; Dr. F. E. Schubmehl, General Electric Co., West Lynn, Mass.; Dr. John Woodman, New York Edison Company, New York City; Dr. Randall Zimmerman, Westinghouse Air Brake Company, Wilmerding, Pa.

The companies represented by these physicians employ over 250,000 men and women, skilled and unskilled, of many languages and nationalities, and working both indoors and out in greatly diversified occupations.

The board meets periodically. So far eight meetings have been held and some important results have already been achieved; much other work of far-reaching character is now under consideration. The individual members of the board are actively co-operating in the prosecution of research work in respect to special problems which can be studied best in the particular industry with which they are connected. The results of individual investigations, however, are referred to the board for broad consideration and joint action.

### INSTRUCTIONS TO LAYMEN FOR FIRST AID.

One of the first tasks assumed by the Board was the development of "Instructions to Laymen for First Aid Treatment

of Common Injuries and Disorders." It was the intention to issue instructions of such simple character that they could readily be followed by the ordinary man without even an elementary foundation of first aid knowledge. The instructions agreed upon by the Board are concise and pertinent; they stipulate what the layman should do, without wasting any words in stating the reasons for so doing. In an emergency treatment, loss of time by reading irrelevant matter may prove of serious consequence. The remedies referred to in the instructions are few, simple, and inexpensive and can be administered by laymen without danger of any harm. All medicaments, bandages, and other materials needed in carrying out the instructions, are readily obtainable in drug stores. The first aid instructions promulgated by the Board have been widely accepted; they have also been reprinted in the numerous technical journals in the United States and in other countries.

The Board also co-operated in a very practical way with the Conference Board on Safety and Sanitation in the development of the *"N. A. S. O. Standard First Aid Jar,"* acompact, sanitary, and convenient first aid outfit consisting of a dust-proof glass jar in which first aid materials are contained in well ordered arrangement. The first aid instructions are printed on the inside of the glass jar cover and are therefore always at hand when needed. These first aid jars have been made readily available to employers and are now being used extensively in industrial establishments, in public institutions, and private homes.

## PHYSICAL EXAMINATION IN INDUSTRY.

The next work of importance undertaken by the Board was the determination of the essential requirments of *"Physical Examination"* in industry generally. This subject was given careful study with a view of arriving at a standard of minimum requirments and records which could be used in connection with practically all employments, or with such additions as the nature of the special employment

would necessitate. The conclusions reached were based on extensive observation and experience in industry, through which it had been learned what physical ailments and what degree of such ailments would interfere with the well-being, efficiency, and safety of the employes at work. The Board agreed upon the various defects requiring attention in physical examinations, and the various degrees of such defects, on the basis of which the suitability of an individual for a specific employment can be determined. The Board also standardized a "Physical Examination Record Card" of convenient size and so arranged that a sufficiently clear and comprehensive record can be made with a minimum amount of clerical work. These record cards have already been used in thousand of cases with entire satisfaction.

The Board gave special attention to methods of "Artificial Respiration" of persons rendered unconscious by electric shock or by asphyxiation from water, smoke or gas. The board expressed itself unanimously in favor of the manual prone pressure method by persons specially instructed therein, but it also agreed that when mechanical devices for artificial respiration are used they should be used principally as auxiliary means and they only by specially instructed laymen or physicians.

Realizing that all efforts for sanitary conditions in workshops and for clean personal habits of persons while at work would be brought to naught if the persons themselves would not make similar efforts in respect to their homes and their personal habits outside the workshop, the board decided to prepare a set of "Health Hints" of prophylactic character, written in simple, concise and direct language, so that they can be readily understood by the average person. The Care of the Teeth, the Care of the Eyes, the Healing of Wounds, the Value of Proper Breathing, the Danger of Promiscuous Spitting, the Cause of Headache, and of Kidney Trouble; these are some of the subjects on which the board has prepared statements which are intended to be printed, each on

a separate leaflet, for wide distribution among employes generally.

STUDY OF OCCUPATIONAL DISEASES.

The Conference Board has also entered into a careful study of diseases peculiar to certain occupations, with a view of learning the most effective treatment of such diseases and the best methods of reducing or entirely eliminating their causes. Some members of the board who are connected with industrial establishments in which the nature of the work or the materials used are apt to cause such diseases, have become experts by special study and extended experience in this field of medical practice. With their assistance and with the help of other invited experts in this field the board is proceeding cautiously and painstakingly in the study of "Occupational Diseases," and expects in due time, to arrive at and publish definite conclusions.

Another important phase of the work of the board is the exchange of specific experiences by the members as they encounter special situations in industry, or as they come in practical contact with the administration of workmen's compensation laws. Many of the corporations represented on the board through their respective medical officers are operating in several states and are therefore subject to more or less widely differing workmen's compensation laws and health regulations. The necessity for uniformity in statutory provisions and in their interpretation has therefore been pertinently brought home to the board and has convinced it of the desirability and need of a standardized nomenclature and definition of medical terms as they relate to industrial work. The board realizes that progress along these lines will be slow, but it believes that substantial progress can be made by thorough investigation along broad lines and by close application to the task.

The Conference Board of Physicians in Industrial Practice is unique in character and in method of work. It is a voluntary association of a small number of men engaged in the same field of professional work, who meet in periodic

conferences of the most informal character, unfettered by any restricting rules and regulations or by any obligation to abide in their individual work by the conclusions of the board. Yet the common purpose which brings these physicians together and the absence of such restrictive regulations, has resulted in a most helpful co-operative effort. The work of the board members, while strictly governed by professional ethics and scientific principles, is given a most pronounced practical aspect from the fact that these physicians in industry have acquired by the nature of their work an industrial viewpoint and understanding that establishes the proper balance between what should be abstractly striven for and what can be correctly accomplished under actual working conditions.

# Selected Articles

## FRACTURE OF THE HIP.

BY E. G. GIVHAN, M.D.,
Montevallo, Ala.

In presenting this paper, it is not my intention to create the impression that I have some new and startling discovery to communicate in regard to fracture of the hip, but it is for the purpose of inviting discussion to refresh our minds on this subject, so that those of us who have never had one of these cases to treat might not fall into the errors of diagnosis and treatment that a great many of us have. We are too prone to look at this condition lightly, and venture an opinion without a thorough examination. And so frequently we have cause to regret a diagnosis of sprained or contused hip when an x-ray examination reveals a fracture. It is often associated with a very slight injury, such as tripping and falling upon the floor, the fracture frequently preceding the fall.

The accident occurs most frequently in elderly people on account of the senile changes which take place in the structure and form of the neck of the femur. The bone cells enlarge and the cancellous structure undergoes fatty changes; the angle of the neck in relation to the shaft, from being obtuse, gradually approaches a right angle, which tends to weaken the bone. Fracture of the hip in elderly people is often caused by force only sufficient to produce the most trifling bruise in a young subject. It is of comparatively little moment whether the fracture is within or without the capsule, but as to whether it is impacted or unimpacted is of greatest importance. Impacted fractures unite readily, while the unimpacted frequently remain ununited.

The diagnosis of fracture of the femoral neck is based on the existence of marked pain, produced on the slightest motion. In some cases, however, the pain is slight, but it is almost invariably present and usually referred to the seat of injury, or to the groin and inner surface of the thigh. There is almost complete inability to move the limb, the patient finding it impossible to raise the heel from the bed when lying on the back. There are some exceptions to this, however. Whitman has cited cases of young people who were able to walk around after fracture of the hip.

Eversion of the foot with rotation outward of the leg and thigh is a sign of great importance. It is so characteristic that in many instances a diagnosis can be made merely by inspection. The degree of eversion varies in different cases, without reference to the actual relation between the bone fragments. In some case the eversion is so slight, however, that it is noticeable only by comparing the injured with the sound limb. Another sign of importance is a humped appearance of the hip on account of changes in contour. There is some shortening of the limp which is increased in a few days, if not treated. This varies greatly in different cases, however, and according to Johnson may be due to active over-riding, and if present from this cause, may range in amount from a distance so small as to be difficult of measurement to two or more inches. In other cases, without separation, it is due to the change in the angle between the shaft and the neck, and in these it is very often slight.

The comparative measurement of the two limbs is the only true method of detection of shortening, and these measurements should be made with great care. The following is Scudder's plan: "The absence of any pre-existing injury or disease of the hip under consideration is always to be carefully noted. Measurements should always be made with the patient on the back. The leg should be brought gently alongside of its fellow and steadied by an assistant. Measurements should be made from the anterior superior spine of the ilium to the internal malleolus upon each side. If

there is shortening upon the injured side, a fracture with some displacement is likely to have occurred. A normal difference in length of the lower limbs is, however, not unusual. It is therefore necessary to determine the presence of asymmetry if it exists, if any confidence is to be placed in the measurements of the leg. Measurements therefore should be made of the tibia upon the two sides, and these compared. If no asymmetry appears to be present, any differences in measurement may be taken to be absolute. If it is impossible to bring the legs parallel, they must be placed in the same relative position to the median line of the body."

Bryant's method of measurement is worthy of note: "The limbs are placed symmetrically. The top of the trochanter is marked upon the skin. A perpendicular line is dropped from the anterior superior spine of the ilium to the table upon which the patient lies. Measurement is made from the trochanter to this particular line. If fracture of the neck of the femur has occurred and there is displacement or shortening of the limb, the distance from the perpendicular to the top of the trochanter will be less than a like measurement on the uninjured side. The position of the top of the trochanter is determined with reference to Nelaton's line. If the leg is rolled outward, dislocation of the hip forward would be suspected, but absence of the head of the bone anteriorly and the absence of other positive signs should eliminate dislocation. If the leg is rolled inward a dislocation of the hip upon the dorsum ilii would be considered. The absence of other positive signs of dislocation, however, and the presence of the head of the bone in the acetabulum should be convincing of the non-existence of dislocation.

In an elderly person, however, who presents no well marked sign of fracture, but who is unable to use the limb after ever so slight an injury, a fracture of the hip should be so strongly suspected that until the x-ray proves it absent, he should be treated as if a fracture were present."

If the fracture is impacted, crepitus will be absent on general manipulation, unless the impaction has been broken up

by some unwise means. By gentle rotation of the leg crepitus can be detected with the hand, if the fracture is unimpacted. But it is a sign that should not be sought for energetically, lest the bone, if interlocked, be broken apart, which would lessen the chances of union.

The following is the method given by Scudder for examining a patient with suspected fracture of the hip. "First—a prolonged search for crepitus and abnormal mobility should never be attempted. Second—Adopt a routine examination plan. Third—The history of the accident should be obtained, also the presence and location of pain. Fourth—How much of the functional usefulness of the leg is involved. Fifth—What does the inspection reveal as to the local condition and the position of the limb? Sixth—What does palpation reveal? Seventh—How do measurements of the leg and trochanter compare with similar measurements of the uninjured leg? Eight—In order to make a systematic examination, all clothing should be removed from the patient."

Union with perfect functional results can hardly be expected in any case. Functional results vary, however, according to the seat of fracture and other local conditions. Some disability and permanent limp usually remain, especially in elderly people. The prognosis as to recovery in the young and middle aged is excellent, but not to favorable in the old and feeble. The prognosis as to life depends to a great extent upon the age and strength of the individual and upon the degree of violence which produced the fracture and the associated injuries. Stimson distinguishes three separate groups of fatal cases: In the first there is a marked inflammatory reaction immediately after the injury accompanied by fever; the patient becomes delirious and dies in a few days or develops a rapidly fatal pneumonia. In the second group there is marked shock in old and feeble patients, from which they do not rally; usually death comes in two or three days. In the third group the patient rapidly loses strength, growing weaker and weaker each day, later

developing a delirium and dying after several weeks from exhaustion because of pain and forced confinement.

During the past six years I have had ten cases of fracture of the hip in my practice—two in children under six, three in young adults, and five in elderly people over sixty years of age. The young patients made most excellent recoveries. The two children and one of the young adults had impacted fractures, the other two were unimpacted. Of the five older patients, two died from exhaustion due to pain and long continued confinement. One of the five had an impacted fracture with very good results—slight shortening and eversion with very little limp. The other two had very poor results as far as ability to use the limb was concerned. I could accomplish very little by treatment in these cases, as I had to direct my whole attention to tiding the patient over the shock, which was very difficult in one case, the patient developing acute dilatation of the stomach on the third day after the accident. And you will find the management of such cases to demand the greatest tact. While confined to the bed the patient should be made to feel as comfortable as possible, as immobilization produces great discomfort.

The exact method in any given case of fracture of the hip will depend upon several conditions. It is true that there are some old people who will stand immobilization and confinement in bed remarkably well, but as a rule they do not. We should have great regard for the general condition of these patients and use the method of immobilization which seems best to meet the conditions. There are four recognized treatments for fracture of the hip: First—Traction and countertraction by weight and pulley. Second — The Thomas hip splint method, with or without traction. Third —Forcible abduction and immobilization by plaster-of-Paris with or without traction. Fourth—Pegging. The latter I have never used.

In children and young adults in whom there is little danger to life from confinement in bed, I think the traction and countertraction method far better. The following is Scud-

der's method: "The patient should be placed upon a comfortable, firm, hair mattress. Underneath the mattress, crossing the bedstead from side to side, should be placed several wooden slats about eight inches apart. These bed slats prevent sagging of the mattress and consequent discomfort. Great caution must be exercised that no sudden or forcible movements of the hip are made which might break up the impaction of the bone or cause unnecessary pain. The leg should be placed in as natural position in extension as possible. The knee should be placed upon a pillow. Extension strips of adhesive plaster should be applied to the leg and thigh as high up as the perineum, and should be held to the skin by a gauze roller bandage. A weight of about five pounds should be applied to the extension while the leg is gently rotated and carefully placed approximately in the normal position. The foot of the bed should be elevated to the height of six inches in order to secure counter-extension. Long and heavy sand bags should be placed on each side of the leg and thigh to assist the light extension in affording support and give a sense of security. The heel should be properly protected from undue pressure. The foot should be kept at a right angle with the leg."

I have used this method in two cases with very good results, but do not consider it ideal. Greater immobility is demanded in many cases than the method affords. Non-union and permanent disability often follow its use, besides the depreciation of the patient's general health from long continued confinement in bed, especially in elderly people. In fact, I doubt the wisdom of using this treatment in any patient over sixty years of age. If I did, I would not keep the extension on over three weeks, after this allowing the patient to change position by bolstering up on pillows, etc., or quietly changing to another bed, or if indications warrant it, placing him on a rolling chair.—*International Journal of Surgery.*

# Extracts from Home and Foreign Journals

## SURGICAL

### The Effects of Vasectomy.

We are often asked about the advisability of vasectomy, and if we think it exerts an injurious effect in this or that direction.

The operation of vasectomy has not yet been performed for a sufficient length of time to enable one to answer the various questions asked in reference to it positively and dogmatically. Most of the operations have been performed on the mentally defective and on criminals, and, of course, it is hard to say whether their mental life has been affected. But physically and sexually the operation does not seem to entail any deleterious effect.

We have a good analogy in the sequelæ of double gonorrheal epididymitis. The results of a double gonorrheal epididymitis in obliterating the lumina of the vasa deferentia and preventing the seminal secretion from coming out are often as absolute as those of a vesectomy, and the people who suffer from such an obliteration of the vasa deferentia do not seem to be in any way affected either physically, mentally or sexually.—*The Medical Critic.*

### A Sign in Fracture of the Pelvis.

In practically all cases of fracture of the pelvis there will appear in from one to three days a more or less extensive ecchymosis of the perineum and scrotum in men, perineum and labia in women. In cases of not very extensive fractures of the crest of the ilium this sign may not be present.

In fractures of the pubic portion of the pelvic ring (which is the most common fracture), invariably one will find ecchymosis of perineum and scrotum inside of three days.

The diagnosis of fractures of the pelvis in many cases is far from easy. Localized tenderness at the seat of fracture may be the only sign present at the time of injury. Crepitus, the cardinal sign in so many fractures of other bones, is often absent, and in most cases there is comparatively little or no displacement.

This sign does not compare with the x-ray in diagnosis of fractures of the pelvis, but it will be found to be of interest, and will be a help to make a diagnosis before using the x-ray.

Ecchymosis of the perineum will be found present in a much larger percentage of cases of pelvic fractures than is ecchymosis behind the ear and under the conjunctiva in cases of fracture of the base of the skull (Battle's sign), to which it is analogous.

I have not been able to find this sign mentioned in medical literature.—*Medical Record.*

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## Diet After Abdominal Operations.

A. Carless, surgeon to Kings College Hospital, London, in a paper in *Medical Press* and circular, states that methods in regard to feeding after abdominal operations have undergone great modifications in recent years, as a result of increasing confidence in aseptic technique. Formerly patients were starved for nearly a week; now the surgeon's desire is to restore the normal activities of the intestinal canal at the earliest date, and where there has been no interference with the continuity of the bowel there is not the slightest reason why the patient, if he desires and feels capable of taking it, should not be given his ordinary food the next day. As for the quenching of thirst, this is best relieved by the administration of saline solution by the bowel, either continuously or in doses of a pint at six hourly intervals. In entero-anast-

omosis a little more care has to be taken with the administration of food, but even in gastro-enterostomy the present-day methods of suture are so perfect that the risk of leakage need hardly be taken into consideration. Carless recommends as purgative measures that a turpentine enema be given on the day after operation when the patient generally suffers from distension and some colicky pains. On the second or third day an ordinary routine purgative is necessary in most instances, and the patient may be given castor oil or calomel. Subsequently the bowels are kept acting daily by senna, cascara or some other mild laxative.—*The Medical Brief.*

## MEDICAL

### Intestinal Stasis.

Guy Cluxton Boughton, in the *International Journal of Surgery,* states that very little medication is needed in the treatment of intestinal stasis, but good hygiene and diet play a most important part, with tonics and other supportive measures. In place of cathartics, which were formerly used in faulty alimentary elimination, lubricants in the form of liquid paraffine or Russian oil give the most satisfactory results in the treatment of these cases; and too much care can not be given to the selection of this oil, for it must be free from all irritating and harmful ingredients. As regards dosage, from one-half to one tablespoonful is taken morning or night, or one-half hour before each meal. The action of the oil is mechanical, for it acts as a lubricant to the intestinal tract and as a coating to the fecal massage, thereby protecting and preventing irritation and abrasion of the mucous membrane. It is not absorbed or digested as it passes through the intestinal tract, and is not decomposed.

Many cases, in spite of careful medical treatment, may progress to a stage of chronic intestinal stasis, and then it becomes necessary to perform a laparotomy for the purpose

of removing bands, veils, and folds, straightening kinks, and even in these patients the above treatment should be used before and after operation.—*The Medical Brief.*

## Emetine in Mucous Colitis.

In a paper in *The Practitioner*, Dr. W. Beresford Robinson tells of his employment of emetine hydrochloride in a very severe case of mucous colitis of two years' standing. The patient, a woman, was passing mucus mixed with blood, and suffered greatly from abdominal pains, had severe headaches, and during menstrual periods was in agony, which was relieved only by means of morphine. Every ordinary drug had been tried for the relief of her condition, but all had failed. The patient's pulse was feeble and rapid (120), and she was confined to her bed, utterly prostrated, the least exertion leading to fainting attacks.

In December, Dr. Robinson began with the emetine, injecting one-half grain daily. Within a week, all hemorrhage had stopped and there was less mucus than at any time during the entire illness. The pulse improved in strength and volume, and the pain was greatly lessened. The following menstrual periods practically were painless. In six weeks the patient was able to walk about a little and could enjoy a drive. Except for a brief setback, caused by an intercurrent influenza, this woman has continued to improve.—*The Medical Brief.*

## Sugar for Sick Infants.

Nobecourt and Nadal (Bulletins de la Societe de Pediatrie, Paris), here report the results of adding 10 per cent ordinary sugar (saccharose), to the food the infants were getting. This was rice-water, buttermilk, milk kefir, or pea or bean broth in thirty cases described in detail. This large amount of sugar seemed to be instrumental in promptly arresting a tendency to excessive vomiting in two or four cases.

In sixteen much debilitated infants or backward in developing, the high sugar content was generally well tolerated and in eight of the cases aided in a rapid and progressive increase in weight. One babe of 10 months was unable to take starch in any form, but thrived well on the highly sweetened milk. Another child whom they describe as an "azotemic athrepsix," grew into vigorous health in a few months on the highly sweetened milk. No sugar was ever found in the stools or urine. In the eight other cases the cachexia continued unmodified. Six infants with acute dyspepsia took the sugar well and rapidly recovered. Other infants with bronchitis and other affections took the sugar well, and it seemed to have a favorable influence on the course. No signs of intolerance of the sugar were observed in any of the infants. As a rule, the stools lose their diarrheic character. The sugar evidently sustains the strength and combats the destruction of tissues.—*Pediatrics.*

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## Eradicating Malaria by Way of the Human Host.

Japan decided to combat malaria in Formosa, not by filling up ponds, etc., and thus diminishing the anopheles, but by rounding up the human inhabitants and exterminating the protozoa in them; 996,621 persons were examined and 11,896 carriers were found and treated with quinine. In two districts the malaria mortality has been reduced to zero, from rates of 15:1000 and 5:100 respectively. In another, the reduction has been from 11.60 to 3.39:1000—all in two years. This is an exemplification of the "Man at a Time" doctrine. Essentially the same results have been obtained, according to our Associate Editor, Dr. Pel, in Holland, not from any formal campaign but simply in the course of ordinary intelligent therapeutics. There are many localities in which the filling up of breeding places or the use of kerosene or crude oil, etc., is of prohibitive magnitude or undesirable for economic reasons. The results noted seem to settle the question as to whether, in a practical sense, the pri-

mary host is man or the anopheles, and eradication by way of the human is a simpler and more directly humanitarian method.—*Practical Medicine*, Calcutta.

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## Dermatologic Reminders.

Remember that painting a limited moist patch of eczema with a solution of nitrate of silver often promptly cures the disease.

Remember that within two months two female lice can become the grandmothers of 10,000 lice.

Remember that in pruritus cutaneous, the itching can be so intense as to drive the patient to suicide.

Remember there are few diseases more easy to cure than ringworm of the general surface of the body, and few diseases more difficult to cure than ringworm of the scalp.

Remember that cinchona and quinine can produce all the primary skin lesions, though most frequently it causes an erythema of scarlatinal type, attended by congestion of the fauces and followed by desquamation.

Remember that in some very chronic thickened eczemas, the tar may be rubbed in pure.

Remember that though furunculosis is most frequent on the back of the neck, face, forearms, buttocks, and legs, it may occur anywhere.

Remember that cannabis indica is sometimes very useful in stopping general itching.

Remember that some skins can not tolerate even a small percentage of glycerin.

Remember that trichloracetic acid is an excellent caustic.

Remember that Bier's hyperemia will remove pus from furuncles, but will not remove wrinkles.

Remember that cold cream may be distinctly beneficial in dry skins, as it protects against chapping, but it may be harmful in cases of seborrhea and acne, as it furnishes a better medium for the growth of bacteria.

Remember that a greasy skin is best treated with soap and water.

Remember that in monilethix treatment is practically useless.

Remember that in treating intertrigo the first essential is absolute cleanliness.

Remember that in dermatitis herpetiformis itching may be complained of before the eruption appears.

Remember that every eruption does not constitute pemphigus.

Remember that herpes facialis occurs in about one-third of all cases of pneumonia and malaria, and in almost one-half of the cases of cerebrospinal meningitis, but is rare in typhoid fever.

Remember that most cases of herpes zoster get well spontaneously in one to three weeks.

Remember that arsenic is of little or no value in prurigo.

Remember that sulphur is the most efficient remedy in acne, and may be used in the form of powder, ointment, paste, or lotion.

Remember that in the treatment of plant-poisoning, wet compresses of a solution of sodium hyposulphite, one dram to the ounce, are useful.

Remember that in vascular nevi, especially those of small size, refrigeration with carbon dioxide constitutes one of the best methods of treatment.

Remember that sycosis vulgaris is sometimes cured by injection of staphylococci emulsions.—*Medical Review of Reviews.*

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## Hexal as a Urinary Antiseptic.

C. Grunbaum (Klinisch-therapeut. Woch., No. 23, 1914) finds that hexal is not only a urinary antiseptic but it is an astringent and acts as such on the mucous membrane of the bladder. Prolonged use, however, does not cause injury of the bladder mucosa. It also has a diuretic action.

Soon after beginning treatment with it the mucopustular urine becomes clear and the urine becomes acid in reaction. Hexal is a compound of hexa-methylentetramin and sulfosalicylic acid. The dose employed by the author was two tablets three or four times a day in a wineglass of water and usually after three or four days the subjective symptoms, such as frequency of urination, pain on urination, etc., began to show amelioration. He believes that it is far superior to urotropin, and advises it as a prophylactic against infection in cases of catherization in treatment with sounds and bougies.—*Pacific medical Journal.*

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## Some Indications for Venesection.

Theilhaber mentions the recent revival of venesection in medical literature, and cites a recently published article on this subject by Engelhorn (he is silent concerning the recent monograph by Heinrich Stern of New York, which has been published in both German and English). The abrogation of this practice conforms closely to the latter half of the nineteenth century, but the rejuvenescence now in evidence appears to show that this negative period represents a gain only through the breaking up of the routine tendency to bleed. The new indications correspond largely to the best of the old. Engelhorn has bled for the climacteric and for dysmenorrhea, and these conditions demand a series of bleedings, or, in other words, phlebotomy is raised to the dignity of a system of treatment. The author finds the letting of a little blood a good remedy for nervous headache in which we may assume the existence of a congestion of some of the sensory nerves. Naturally anemia is a contraindication. Of great interest is the suggestion to bleed those who have recently recovered from cancer operations. Animal experiments show that bleeding causes a marked stimulation of the bloodmaking organs. This was recommended a century ago by Bayle. The author would bleed every six months and combine the resource with the usual physical

remedies. There is reason to believe that the newly formed blood antagonizes the reappearance of the cancer.—*Medical Record.*

## OBSTETRICAL

### X-Ray Treatment of Uterine Fibroids.

Stern, in the *American Journal of Obstetrics*, after report-successful cases, concludes that the dangers of X-ray therapy in the treatment of uterine fibroids, with proper technique, are absolutely none. In cases in which we want to establish a permanent amenorrhea, the massive dosage method (Freiburg technique) is decidedly superior to the fractional dosage method, as giving quicker and more satisfactory results.

In younger women in whom we merely aim to get a diminution of the size of the fibroid, with a temporary amenorrhea and a re-establishment of menstruation, the fraction dosage method is preferable. In these cases a comparatively short time after the re-establishment of menstruation, the patients may conceive, go through a normal labor, and give birth to normal children. All uncomplicated cases of uterine fibroids are amenable to X-ray treatment. The nearer the patients are to the climacteric period the surer and quicker the results. In these cases, properly treated, we can look forward to getting practically 100 per cent cures.

Frank, in the same journal, states that roentgenization of uterine fibroids can not be used with safety in rapidly growing tumors; in cases of metrorrhagia in which complete preliminary curettage with microscopical examination of the curettings is not feasible; in complicated cases in which ovarian cysts or serious adnexal trouble can not be excluded; in fibroids complicating pregnancy. He believes that the rays should not be used where expense is a factor. The rays are of chief value where operation is declined;

where operation is contraindicated because of extreme physical unrest. Consequently, X-ray treatment is applicable to at the most five or six per cent of all patients having fibroids.

Pfahler (*New York State Journal of Medicine*, September, 1915), says that Roentgen therapy must be looked upon as a very efficient adjunct to the gynecologist's armamentarium, and while he believes that the rays should be applied by the roentgenologist, he should at the same time work hand in hand with the gynecologist. Deep Roentgen therapy stops the hemorrhage associated with uterine fibroids. This is followed by a gradual disappearance of the tumor. This atrophic process may extend over several years, continuing long after the cessation of treatment. The treatment of metropathic hemorrhage is almost uniformly successful. Uterine hemorrhage occurring at the menopause, when not malignant, will usually respond very quickly. There should be an increase in weight and an improvement in the blood condition following treatment, and when this does not occur suspicion of malignancy should be aroused (Albers-Schonberg). Some good results can be obtained in inoperable carcinoma. The deep Roentgen therapy should be especially recommended as postoperative treatment in all cases.—*The Medical Brief.*

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## Pituitrin in Uterine Inertia.

Administered hypodermically during the second stage of parturition (it should not be given during the first stage), pituitrin is said to convert a case of tedious inertia into one of normal rhythmic labor, saving time, preventing suffering on the part of the mother, and diminishing the risk to the child which attends upon protracted labor. Furthermore in many cases it obviates the use of forceps. Pituitrin is a pituitary extract, otherwise described as a solution of the active principles of the infundibular portion of the pituitary gland in animals). This gland, as is well known, lies at the

base of the brain. There are a number of pituitary extracts on the market—products, it may be said in all fairness, not equal in therapeutic efficacy. To be of definite value as an oxytocic it is obvious that the solution or extract must be highly active. Owing to unavoidable variations in fresh glandular tissue, the amount of gland substance represented in the preparation is not an accurate index of its strength. Assurance of therapeutic activity can be obtained only by rigid assay. In view of these facts a recent statement of Parke, Davis & Co. with respect to their pituitrin is peculiarly significant: "Because of its importance in obstetrical practice we have given much attention to a determination of the proper strength and standardization of pituitrin. The result of our investigations is a product of high potency, representing the average activity of 0.2 gramme of fresh posterior pituitary lobe to each c. c. of the solution. As an oxytocic pituitrin stands without a rival. There is no more active pituitary extract. Pituitrin is standardized by the two accepted methods of determining pituitary activity; the blood pressure test and the oxytocic test, the latter by use of the isolated uterus. Every lot of pituitrin represents the same degree of activity." Pituitrin is supplied in glaseptic ampoules of 1 c. c. and ½ c. c. capacity, convenient for hypodermatic administration.—*The Medical Herald.*

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## Eclampsia.

In a series of thirty-eight cases of toxemia of pregnancy, in which Evans studied the blood pressure findings, he placed the danger limit of pressure at 160 mm. As his experience increases he says he is surprised at the number of cases in which the general symptom complex indicates a very considerable degree of toxemia, while the blood pressure readings are comparatively low. A serious grade of pregnancy toxemia may exist while the blood pressure remains approximately normal. As regards treatment, every

individual case must be studied, and no single method of treatment is applicable to all. In the presence of evident symptoms of toxemia in the later months of pregnancy, associated with albuminuria and casts, and an increased blood pressure, eliminative and sedative treatment is indicated. One must rely on milk, diet, hot baths, the copious use of fluids and purgatives associated with rest in bed, to bring about improvement. If there be no improvement, indicated by the subsidence of the albuminuria, reduction of blood pressure and disappearance of the general symptoms of toxemia, then labor should be induced. Venesection, sweating, the employment of morphin and chloral in moderate doses, with purgation and the free use of fluids, constitute the treatment of a case of actual convulsions. In case at or near term active surgical methods of delivery may be undertaken, but only to save the life of the child, as such operations, unless attended with considerable hemorrhage, seem to have but little influence in relieving the condition of the mother.—*The Journal of the Amer. Med. Asso.*

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## The Cause of Chorea Complicating Pregnancy.

Albrecht (Ztschr. f. Geburtsh. u. Gynak., 1915, lxxvi) describes the case of a primipara aged twenty-two years, who was taken with chorea at the beginning of the first pregnancy. Her condition became pronounced and she was treated by intragluteal injection of 20 c. c. normal pregnancy serum. In twenty-four hours the choreic movements ceased and the patient was much better. She also gained somewhat in weight. He adds the case of a girl, aged sixteen years, in whom chorea appeared at the time when menstruation became established. From the study of these cases he believes that chorea is an intoxication in the pregnant patient with substances formed by the embryo, or in patients at puberty with substances produced by the glands which form the internal secretions.—*Pediatrics.*

# Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

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All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

## ONE MORAL CODE FOR BOTH SEXES.

The above is a theme which is much discussed and written about. Books, stories, and plays often portray the evils of the difference in standard for the two sexes, and there are few who fail to see how unfair to woman is the present standard. Equality in this matter is certain to come but the great-great-grandson of the newest babe will hardly live to see it. Those who write and talk most of such a Utopian standard at the present time probably think little, perhaps not all, of the many changes which must occur in society and in man himself, before such a state of affairs is possible. These changes must occur not only along economical and sociological lines, but physiological and pathological lines as well. The sexual instinct in civilized man as in the male savage and males of the lower animals, is more powerful and compelling than in the female. Women have a similar instinct, an indefinable and indefinite desire, but it is less developed, less obtrusive, and more amenable to control than that of man. Were such not the case, woman would not, could not wait to be wooed but would herself go a-wooing. To overcome this physiological basis of the double standard, either the male sexual instinct must weaken or the control of that instinct must become greater. We see evidences that civilization has already done something in this respect.

To overcome the pathological obstacle, education in sexual matters must be carried out so that venereal diseases, especially gonorrhea, can be wiped out, since an old gonorrhea tends to keep the sexual organs of the male in a state of excitement.

Sociologically the work must be done along lines of sexual education also, in order that women may know the dangers they incur in marrying men who are dissolute. The knowledge that a prospective husband has been wild deters relatively few girls from marrying today simply because of the present double standard and the ignorance, gross ignorance of the prevalence of venereal diseases among those men who worship at the shrine of Venus. A greater circumspection in regard to mens' habits will have some effect in developing their self-control.

Economically, equal suffrage will do much, since a higher woman's wage and greater diversity of occupations will prevent many from taking the first fatal step and will also enable many to redeem themselves even after such a mistake. Most women are bad because of man and man's laws and not because they choose the path of evil.

How anybody can oppose education in sexual matters when so many girls are innocently, ignorantly ruined, is beyond conception. Man can indulge his passion and escape social punishment because the proof of guilt is not at hand, but woman is often left with the unmistakable evidence of sin. To hide this evidence she must not only commit a crime but must also smother the maternal instinct, and the latter is as great in her as is the sexual instinct in man. Small wonder then that many a girl submits to the shame of illegitimate maternity. And many times she suffers thus through ignorance. She may realize she is sinning and yet sin for love, but she hardly realizes her danger until too late, until the seed is sown and the product germinating.

Reverting to the physiological, we find another difficulty to be surmounted and this difficulty is perhaps the greatest of all; woman can sell herself to many men and yet not suffer physically. This man can not do and retain his health.

Consequently man must work, beg, or steal while woman always has the other path open before her, repulsive or inviting as the case may be, but ever present and always open. Each woman who yields to this temptation, constitutes herself one more stone in the barrier which must be destroyed before man and woman will live under one moral law.

In spite of all these impediments, and others too, the single standard will surely come but its advent can be held back for centuries by ignorance, false modesty and an unwillingness to depart from the traditions of the past.

W. T. B.

## Sample Copies.

Attention is called to the many physicians who are receiving sample copies of the Journal to the premiums offers made to new subscribers of which notice is made in the advertising pages. For the price of one year's subscription to the Journal ($1), that periodical is sent for one year and with it is sent a handsome clinical thermometer in aluminum case with chain and pin. For $1.45 a year's subscription, one clinical thermometer and ten weeks' subscription to *Harpers Weekly,* a periodical that gives pictures of the war in Europe with appropriate text upon the same—a $3 value for $1.45. We hope many to whom sample copies are sent will avail themselves of the opportunity and become subscribers to a medical Journal which is pre-eminently a Journal for the practical physician.

## Alcohol and Pneumonia.

The United States Public Health Service brands strong drink as the most efficient ally of pneumonia. It declares that alcohol is the handmaiden of the disease which produces 10 per cent of the deaths in the United States. This is no exaggeration. We have known for a long time that indulgence in alcoholic liquors lowers the individual vitality, and

that the man who drinks is peculiarly susceptible to pneumonia. The United States Public Health Service is a conservative body. It does not engage in alarmist propaganda. In following out the line of its official duties it has brought forcefully to the general public a fact which will bear endless repetition. The liberal and continuous user of alcoholic drinks will do well to heed this warning, particularly at this season of the year when the gruesome death toll from pneumonia is being doubled.

## Do You Know That

Four per cent of the inhabitants of certain sections of the South have malaria?

The United States Public Health Service has trapped 615,744 rodents in New Orleans in the past eighteen months?

The careless sneezer is the great grip spreader?

Open air is the best spring tonic?

Typhoid fever is a disease peculiar to man?

Measles kills over 11,000 American children annually?

There has not been a single case of yellow fever in the United States since 1905?

## First University Dental School in New York for Columbia.

### Dental Course to be Allied with College of Physicians and Surgeons.

Realizing the importance of the teeth and mouth infections to systemic disease, the faculty of the College of Physicians and Surgeons have unanimously voted in favor of the establishment of a dental department, to be connected with the medical school. A committee of prominent dentists of the city have presented plans to the medical faculty which have been approved.

The school of dentistry will be closely associated with the medical school and the admission requirements will be the

same as the medical. The course will be four years, the first two years the same as those in medicine, thus giving the dental student a thorough knowledge of the fundamental sciences necessary to the practice of a specialty of medicine. At the end of the second year the dental student will give all his time to the study of dental subjects, namely, operative dentistry, prothetic dentistry, oral surgery, and oral pathology, orthodontia, etc., and the more technical part of the work required for the well trained dental surgeon. This new school will be the first university dental school in New York City and the second in the State. It will give the first four-year course of dentistry ever given in the Empire State.

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Who would have thought that the tin can is a menace to the public health? The expert malaria investigators of the U. S. Public Health Service have found, however, that discarded tin cans containing rain water are breeding places for the mosquito which is the sole agent in spreading malaria. A hole in the bottom of the empty can might have resulted in the saving of a human life. Certainly it would have assisted in preventing a debilitating illness. Empty tin cans have no business about the premises anyway, but if we must so decorate our back yards, let's see to it that the can has a hole in the bottom.

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CHIEF STATISTICIAN FOR VITAL STATISTICS (MALE), $3,000.
April 25, 1915.

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The United States Civil Service Commission announces an open competitive examination for Chief Statistician for Vital Statistics, for men only. From the register of eligibles resulting from this examination certification will be made to fill a vacancy in this position in the Bureau of the Census, Department of Commerce, Washington, D. C., at a salary of $3,000 a year, and vacancies as they may occur in positions requiring similar qualifications, unless it is found

to be in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

The Chief Statistician for Vital Statistics is the administrative and statistical head and has full charge of the work of the Division of Vital Statistics. He supervises the collection of transcripts of certificates of births and deaths, the tabulation and compilation of the statistical items on these transcripts, and the outlining and presenting of these statistics in the form of annual reports; he aids in securing enactment of efficient laws for the registration of births and deaths, both by correspondence and, if necessary, by appearing before State legislatures and committees thereof; he supervises the investigation of the completeness of the registration of deaths in cities and States which are not now in the registration area but which have requested admission thereto, and makes such recommendations to the Director of the Census in regard to their admission as the results of the investigations justify; he is expected to attend the meetings and conventions of medical and statistical bodies, such as the American Medical Association, the American Public Health Association, and the American Statistical Association.

Competitors will not be assembled for examination but will be rated on the following subjects, which will have the relative weights indicated:

| *Subjects* | *Weights* |
|---|---|
| 1. Practical tests in statistics | 20 |
| 2. Thesis | 20 |
| 3. Education | 25 |
| 4. Experience | 35 |
| Total | 100 |

Graduation from a recognized medical school and at least four years' experience in charge of the vital statistics of a city or a State or in a position of similar importance requiring expert knowledge of vital statistics are prerequisites for consideration for this position.

Special credit will be given for experience in the practice of medicine and in positions of an executive character.

In connection with the first subject, the applicant will be provided with certain statistical data upon which he will be required to submit a statistical criticism, in accordance with instructions furnished.

In connection with the second subject, the applicant will be required to submit a thesis of approximately 2,000 words, either typewritten or in handwriting, on one of a number of subjects given.

Statements as to education, experience, and fitness are accepted subject to verification.

Applicants must have reached their thirtieth but not their fiftieth birthday on the date of the examination.

Under an act of Congress applicants for this position must have been actually domiciled in the State or Territory in which they reside for at least one year previous to the date of the examination.

This examination is open to all men who are citizens of the United States and who meet the requirements.

Persons who meet the requirements and desire this examination should at once apply for Form 1312, stating the title of the examination for which the form is desired, to the United States Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Post Office, Boston, Mass., Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Ca.; Customhouse, New York, N. Y., New Orleans, La., Honolulu, Hawaii; Old Customhouse, St. Louis, Mo.; Administration Building, Balboa Heights, Canal Zone; or to the Chairman of the Porto Rican Civil Service Commission, San Juan, P. R. Applications should be properly executed, excluding the medical certificate, but including the county officer's certificate to which a 10-cent internal revenue stamp must be attached, and filed with the Commission at Washington prior to the hour of closing business on April 25, 1916. Those meeting the preliminary requirements, as

shown in connection with their applications, will be furnished with a special form and material for Subjects 1 and 2, which must be submitted to the Commission prior to the hour of closing business on May 16, 1916. The exact title of the examination as given at the head of this announcement should be stated in the application form.

Issued March 15, 1916.

# Obituary

## Death of Dr. Rodman.

The announcement of the death of Dr. William L. Rodman, President of the American Medical Association, which was briefly made last week, came as a shock to our readers. He had been unusually active during the last few months, and had come in contact with a great many members of the profession. He had spent much time in visiting and addressing medical meetings, and in promoting the new National Board of Medical Examiners. Dr. Rodman had been active in the affairs of the Association for many years. In 1897 he was chairman of the Section on Surgery, presiding at the Denver meeting; in 1900 he delivered the oration in surgery on gastric ulcer. He was a member of the Board of Trustees from 1900 to 1903. He was a member of the House of Delegates from Pennsylvania in 1905-1906; a member of the Committee on National Legislation for many years, and for seven years chairman of the committee on Reciprocity, until the work of this committee was turned over to the Council on Medical Education. It was during the time that he was chairman of this committee that he became interested in the plan for a voluntary national licensing board. The ambition of years to see such a board organized was practically realized, as the board was on a permanent basis at the time of his death. Dr. Rodman took a deep interest in various matters of public welfare. He was interested in the work of reorganization of the medical department of the army and the strengthening of the preliminary requirments in the practice of medicine, in the American Society for the Control of Cancer, and during the last few months in medical military preparedness. This, we believe is the first time that a president of the association has died during his term of office. The By-Laws provide that in case of the death of the president the vacancy shall be filled by the ranking Vice president. Therefore, Dr. Albert Vander Veer of Albany, N.Y., will complete Dr. Rodman's term as president.—*The Journal of the American Medical Association.*

# Reviews and Book Notices

"Social Travesties and What They Cost."—By D. T. Atkinson, M.D., New York. Vail-Ballou Co., Publishers.

In this latter day movement for social reform, this small volume should prove both attractive and instructive. The author in this work discusses the social question frankly and forcibly, placing the subject before the public just as it is. Argument is used for the more extensive promulgation of knowledge of sexual amenities and for the better education of the sexes in sexual matters. The figures given in the work are startling as showing the results of ignorance in these questions and the appalling condition that follow pernicious economic environments. The book is exceedingly well written and arranged, and is interesting reading for the thoughtful physician. We take great pleasure in recommending the book and feel sure that it will accomplish its modicum of good in helping along the wave of social reform.

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"The Colorado Industrial Plan."—By John D. Rockefeller, Jr., Including a Copy of the Plan of Representation and Agreement Adopted at the Coal and Iron Mines of the Colorado Fuel & Iron Co. 19116.

We are indebted to the author for a copy of this interesting booklet concerning relations between large mining corporations and the employes of those organizations. The labors of the distinguished author in adjusting differences between organization and employes have been recognized all over the country and much praise has been bestowed upon Mr. Rockefeller for the part he has had in these affairs. The article in this booklet on "Labor and Capital—Partners", reprinted from the *Atlantic Monthly for* January, 1916, is an able discussion of the subject. Also noteworthy, are two addresses delivered by the author while in Colorado in October, 1915.

"Progressive Medicine." A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics, Materia Medica, and Diagnosis in the Jefferson Medical College, Philadelphia. Assisted by Leighton F. Appleman, M.D., Instructor in Therapeutics, Jefferson Medical College, Philadelphia. March 1, 1916. Owners and Publishers, Lea & Febiger. Philadelphia. New York.

We acknowledge with thanks to the publishers, the March number of this excellent quarterly publication, and we find that as with all preceding numbers of this periodical a veritable mine of useful up-to-date information. The following is the contents of this volume. Surgery of the Head and Neck by Charles H. Frazier, M.D., Surgery of the thorax Excluding Diseases of the Breast by Geo. P. Miller, M. D., Infectious Diseases Including Acute Rheumatism, Croupous Pneumonia, and Influenza by John Ruhrah, M. D., Diseases of Children by Floyd M. Crandall, M. D., Rhinology and Laryngology by Geo. B. Wood, M. D., Otology by Herman L. Saunders, M. D., and Index. For the progressive physician this quarterly is invaluable as it presents in attractive and collective form the most recent advances and discoveries in the sciences of medicine and surgery. We unhesitatingly recommend this publication to any practitioner who desires to keep up with the ever advancing progress of medicine and would urge every one to subscribe to it without delay.

# Publisher's Department

*Pepsin* is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. *"Robinson's Lime Juice and Pepsin"* (see adv. in this umber) we recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pepsin.

## Intestinal Toxemia.

The investigations of Metchnikoff and Schmidt, together with the later studies of Lane, Jordan and many others have laid such emphasis on the evils resulting from intestinal stasis that it is at least recognized that no small proportion of the diseases afflicting the human family are directly attributable to faulty elimination of the intestinal accumulations in the lower bowel. For a long time, to be sure, the evils of chronic constipation have been realized, but it is doubtful if, until Lane began to speak of the large intestine as the cesspool of the human body," the dangers of intestinal putrefaction were fully appreciated.

It is hardly probable that Lane's radical treatment of "short circuiting" the bowel—the removal of three to eight feet of intestine—will ever be popular and simpler measures will unquestionably hold a definite place in the management of intestinal stasis for some time to come.

Many and various are the remedies that have been employed with more or less success, but among recent remedies brought forward for accomplishing intestinal elimination, and, what is often of even greater importance, the removal of certain local intestinal conditions contributory to, or the result of the bowel stasis, Prunoids unquestionably

stands first. This unique combination of phenolphthalein and other carefully selected drugs has been found an evacuant of exceptional value. Its effect is prompt and certain, with none of the iniquities of the commonly used laxatives and cathartics. Prunoids do not gripe nor occasion the slightest discomfort, although they produce very copious movements. Most important of all, however, is the physiologic effect on the intestinal glands and muscular tissue that follows their systematic use. Unlike most cathartics, the reactionary effect never tends to increase the constipation. One effective dose is often followed by regular movements for several successive days, and used routinely, in the absence of organic causes, gradual diminution and at last complete cessation of the remedy is always possible; in other words, a more or less permanent correction of the constipation is an almost invariable result.

Such a preparation, with its broad field of satisfactory application, can not fail to appeal to the zealous physician. Any medical man who is not familiar with the exceptional clinical value of Prunoids, is urged to write for samples to the Sultan Drug Company, Saint Louis, Mo.

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Ask any doctor point blank, the antidote for opium, or arsenic, or strychnine, and his answer would be prompt and practical. But ask him the antidote for physiological friction and he might hesitate before word lubrication came to mind. Nevertheless, lubrication is a word that should suggest much to the doctor, for he needs lubrication—and not only lubrication, but perfect lubrication, every time he uses the catheter, sound, speculum, scope, the examining finger, or any instrument of penetration.

Hence friction's antidote should suggest K-Y Lubricating Jelly. Nay more, it should persuade or compel him to have at hand, in his bag and on the shelf, a tube of "K-Y," which is insurance against trouble or annoyance.

K-Y Lubricating Jelly is a perfect lubricant.

It is greaseless and water-soluble, which means that it is efficient and convenient. Its essential property is slipper-

iness and it is not sticky. Neither does it stain the skin or soil the clothing. It is emollient and protective. It is transparent and economical to use.

Consequently it is not only of service for lubricating instruments of penetration, but it serves as an effective dressing or application to burns and scalds. When applied early, taking care to cover all of the affected surface, it often prevents blistering. It relieves the soreness of chafes and promotes healing.

It soothes pruritus even of the most severe kind, in many cases, and is useful in dermatitis,. urticaria, eczema, irritable ulcers, etc.

One especially valuable use for K-Y Lubricating Jelly is to anoint the skin in scarlatina, measles, chicken pox, etc. It protects, allays irritation, and can be used without soiling or staining the clothing of the patient.

K-Y lubricating jelly also keeps the surgeon's hands supple, protects against bichloride rash and "protects the feel."

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## When the Stomach Is Tired or Lazy.

The artificial digestives, such as pepsin, pancreative papain, etc., have their place in modern therapy, but they should always be used with care and common sense. How often do we encounter patients who are continually dosing themselves with pepsin or some one of the artificial digestives after each meal? Ninety-nine times out of a hundred this is unwise and a positive harm. Indeed, the process of digestion should be encouraged—the stomach urged to do its own work—for any remedy that will specifically stimulate these functions to nearer normal action will produce permanent benefits that can never come from pepsin. Seng is such a remedy, with a well defined secernent action on the glands and mucous membranes of the stomach that enables it to restore and increase the functional activity of an organ that in the great majority of instances is only over tired or indolent.

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***NUTRITIVE, TONIC, ALTERATIVE.***

A STANDARD REMEDY in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous Taint, General Debility, etc. Stimulates Digestion, promotes Assimilation.

℞ Each fluidounce contains:

| | | |
|---|---|---|
| Hypophosphites | Soda - - - - | 2 grains |
| " | Lime - - - | 1½ " |
| " | Iron - - - - | 1½ " |
| " | Quinine - - | ¾ " |
| " | Manganese - | 1½ " |
| " | Strychnine - | 1-16 " |

DOSE—One to four fluidrachms.

**6 oz. Bottles, 50 Cents.**
**Pint Bottles, $1.00.**

This preparation does not precipitate—retains all the salts in perfect solution.

## *Robinson's LIME JUICE and PEPSIN*

**Pure Concentrated Pepsin combined with Pure Lime Juice.**

An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

**APERIENT AND CHOLAGOGUE.**

Impaired Digestion is the consequence of a sedentary life, coupled with nervous and mental strain.

**Reliable Pepsin** is one of the best DIGESTIVE agents known. **Pure Lime Juice** with its APERIENT and CHOLAGOGUE characteristics with the Pepsin furnishes a compatible and most efficient combination as a remedy for the disorders named.

**Robinson's Lime Juice and Pepsin** is PALATABLE and GRATEFUL to the taste.

DOSE—Adult, dessertspoonful to tablespoonful, after eating. Children one-half to one teaspoonful, according to age.

**PRICE, 6 oz. Bottles, 50 Cents.**
**16 oz. Bottles, $1.00.**

## *SALOFORM*

***(Flexner)***

**Saloform** is a definite Chemical Compound the component parts of which are **Hexamethylene, Tetramine, Salicylic Acid** and Lythia.

The properties of **Saloform** are those of Uric Acid Solvent and of a Genito-Urinary Antiseptic.

As a Uric Acid Solvent it is indicated in **Rheumatism, Gout,** in **Phosphaturia,** in **Gravel,** and in **Renal Colic**.

As a Genito-Urinary Antiseptic it limits suppuration anywhere along the Urinary Tract, from the Kidneys down to the orifice of the Urethera.

It has been used with most excellent results in **Pyelitis, and Pyonephrosis,** in **Cystitis,** and in **Gonorrheal and Non-Gonorrheal Urethritis**.

**SALOFORM** (Flexner) is obtainable in powder, tablet or elixir.

**Powder** in 1-oz. vials, dose 10 grains, 4 times daily (under physicians prescriptions), per 100 $1.25.

Tablets, 5 grains, to a bottle, dose, 2 tablets 4 times daily (under physicians prescriptions); per 100, $1.25.

**Elixir,** in 16 ounce bottles, dose, teasponful after each meal and at bedtime (under physicians' prescriptions), per bottle $2.00.

Physicians who have used Saloform are enthusiastic in their praises of its merits.

## *Flexner's Solution of Albuminate of Iron*

***(Liquor Ferri Albuminatis—Flexner)***

Albuminate of Iron is a definite chemical compound of albumen and Iron. In the manufacture of the preparations of this iron salt, we use fresh egg albumen only. Albuminate of Iron is the organic compound present in the red corpuscles of the blood. **It does not disturb digestion, neither does it constipate.** Contains in each teaspoonful one grain of the Iron salt, and itis perfectly stable and bland. Clinical experience has demonstrated its superiority as a chalybeate.

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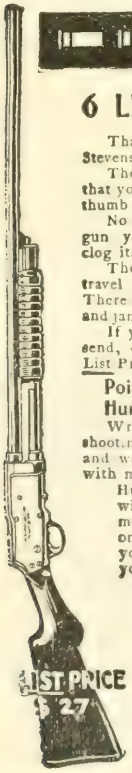

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No matter how fast you pump this gun you cannot possibly ba.k or clog it.

The empty and the loaded shells travel by **two separate routes.** There is no chance for them to meet and jam.

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Write us and tell us what kind of shoot.ng you are most interested in and we will write a letter of advice with many valuable pointers for the Hunter and Sharpshooter. We will give you short cuts to expert marksmanship, which will not only make you a better shot than you already are but will cut down your ammunition bills as well.

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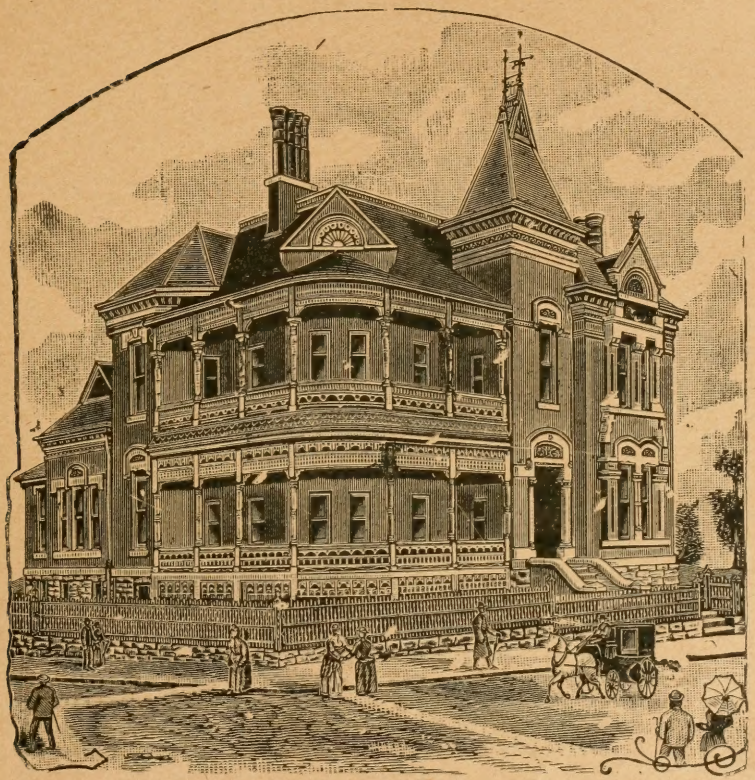

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